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CONFIRMATION NO. 9353

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APPLICANTS Helmut Herz, Oberschleibheim, GERMANY; Klaus Kaufmann, Oberschleibheim, GERMANY;				
** CONTINUING DATA ***** This application is a 371 of PCT/EP03/07653 07/15/2003 CC				
** FOREIGN APPLICATIONS ***** GERMANY 102 32 202.3 07/16/2002 CC				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>CCooley</u> Allowance Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 6	TOTAL CLAIMS 19
			INDEPENDENT CLAIMS 1	
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TITLE Sample treatment station				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	